

November 6, 2019

# J1 HS INTERNATIONAL REPRESENTATIVE TRAINING

ciee<sup>1</sup>

# TOPICS TO BE COVERED

- ✓ Our Team!
- ✓ Deadlines
- ✓ Applications
- ✓ Placements
- ✓ Arrival
- ✓ Support & In-Country

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# OUR TEAM!

# INTERNATIONAL OPERATIONS AT A GLANCE

- ✓ Responsible for aspects of the student application through arrival process to the United States
- ✓ Work with International Representatives & students from application to NYC Arrival Orientation; once students fly to their HFs, CIEE Support takes over
- ✓ Work directly with IRs to review student applications
- ✓ Liaise between IR and CIEE Placement Team to facilitate placements
- ✓ Process Placement Notifications (Initial Placements, Moves & Changes)
- ✓ Track and secure special placement approval and paperwork for natural parents and students not yet in US
- ✓ Responsible for financing and DS-2019 Forms
- ✓ Facilitate student arrival orientations in July/August at New York Orientation



Eve Schultz  
Senior Account  
Specialist



Melissa Chase  
Account Specialist



Amelia Devine  
Account Specialist



Justin Waligory  
Account Specialist



Emily Pakulski  
Account Specialist



Annie Hooper  
Manager, International  
Operations

# COMMUNICATION WITH HS Ops

- ✓ Please include the Full Name and USAHS ID of student in the subject and body of an email
- ✓ Different inquiries (even pertaining to the same student) should be separated in their own email threads
- ✓ Use of [hsops@cjee.org](mailto:hsops@cjee.org)
  - ✓ Please use when you receive an Out of Office Notification for your Account Specialist.
  - ✓ Please always use in July and August.
- ✓ HS Ops is committed to fast responses, please expect a reply within 24 hours of an email.



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# DEADLINES

Applications & Placements

# YEAR IN THE LIFE: DEADLINES



## Applications

- ✓ August Special Elective Submissions: February 15, 2020
- ✓ August Application Submission: April 20, 2020
- ✓ August Missing Pieces: May 4, 2020

## Placements

- ✓ DOS Deadline for Placement: August 31, 2020



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# APPLICATIONS

Eligibility, process, and our team's helpful tips.



# STUDENT ELIGIBILITY

- ✓ Student Grades
  - ✓ Students must have a GPA of 2.6 on a scale of 4.0 (C+) or higher. Students cannot have failed a year of school.
- ✓ ELTiS Score
  - ✓ The required Standard English test is the ELTiS (Form 1 or 2) and a score of 216 or above is required. Students scoring below 216 will be subject to additional assessment and/or a Skype interview testing English speaking abilities.
- ✓ English
  - ✓ Student must have studied English for a minimum of 3 years and cannot have failed a year of English in the last 3 years.
- ✓ Age
  - ✓ Student must be between the ages of 15 and 18 ½ on their arrival day. August applicants must be 15 by August 31, 2020.
- ✓ School
  - ✓ Students cannot have graduated prior to their program participation/arrival.
- ✓ Previous Visas
  - ✓ Student cannot have previously been granted a J-1 or F-1 visa. Students cannot be U.S. citizens.
- ✓ Motivation
  - ✓ Participation should be a decision made by the student with the support of their parents/teachers
  - ✓ Main purpose is cultural exchange and English language learning – not a desire to graduate from a US high school, attend a US university, play sports, music, etc. in the US

# APPLICATION: ONLINE and DOCUMENT SECTIONS

## Online Application

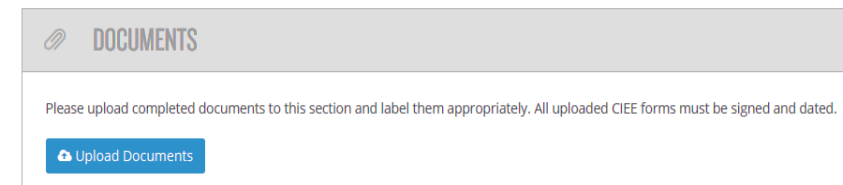
The BEACON application is an online application system where students and agents complete the necessary sections (shown below), upload documents, and see all notes pertaining to application status.

✓	PERSONAL INFORMATION
✓	CONTACT INFORMATION
✓	PLACEMENT OPTIONS
✓	ACADEMICS
✓	FAMILY INFORMATION
✓	PREVIOUS VISA INFORMATION
✓	INTERESTS AND HOBBIES
✓	MESSAGES TO HOST FAMILY
✓	PHOTOS AND VIDEOS
✓	PARTICIPANT INTERVIEW

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## Paper Application

Pages 11- 23 of paper application are to be scanned and uploaded individually as PDF files. These are uploaded in the Documents portion of the student's online Beacon App.



- Fee Form
- Placement Options
- English Teacher Recommendation
- ELTiS (Form 1 or 2)
- Statement of Health (2 pages)
- Vaccination Agreement
- HIPAA Insurance Form
- Agreement and Release
- Program Rules and Student-Parent Agreement
- Basic Visa Regulations
- Passport Copy
- Student Interview (2 pages)
- Official School Transcripts (3 most recent years)
- Photos of student with friends and family

# TIPS FOR BEACON SUBMISSIONS

In order to expedite the process, please pay attention to these important pieces before submitting applications:

- **Name Spelling:** Student names should be entered in the English/American spelling format. For example Kaellström would be changed to Kaellstroem. To confirm the English spellings, please refer to the wording on the bottom of the student's passport
- **Elective Placement Options:** Confirm students & natural parents understand and accept additional fee of Elective Options (state, region, single room etc.) before they submit. Invoices are automatically generated based on these selections, therefore confirming these before submission is very important.
- **Student Introduction Message:** Please instruct students to write 3-5 full sentences about themselves that a potential host family may find interesting. This should be in the format of one paragraph, and not a repeated snippet of their HF letter or in letter format.
- **Academic Section:** Make sure the past 3 years (2017, 2018, 2019) of transcripts are uploaded and entered into Beacon. If multiple semesters are shown on transcripts, please only enter the most recent semester or the final grades, not an average of all.
- Traditionally, the "current grade" and the "preferred grade while on program" are one year apart, however if different please confirm. Preferred grades are often honored, although not guaranteed.



Approximate U.S. equivalent of current grade in home country \*

10

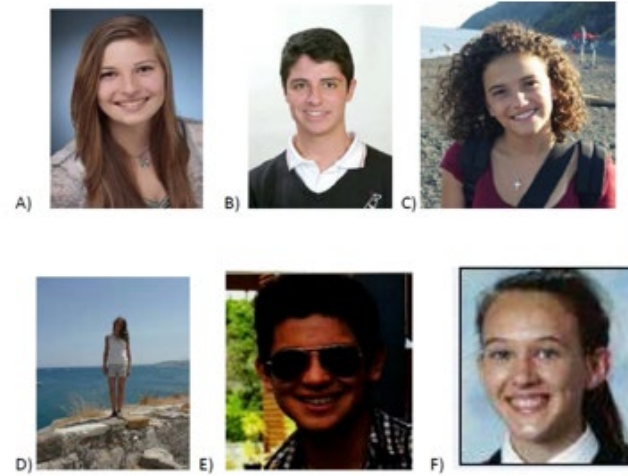
Grade level preferred during CIEE program \*

11

# APPLICATION CONTENT TIPS

- ✓ Videos help host families get to know your student applicants, especially if they show the student speaking English.
- ✓ Profile pictures should be professional looking forward facing headshots
- ✓ Students should be mindful of what they post on social media.
- ✓ Students should be encouraged to be honest with their interests and hobbies.
- ✓ Photos of student applicants with families and friends and/or doing their favorite activities help our placement team get a sense of your student.

**Examples of ideal photos:**  
Profile pictures should be smiling, looking directly at the camera, and wearing appropriate clothing.



**Examples of non acceptable photos:**

- Student is too far away
- Picture is too dark and student is wearing sunglasses
- Quality of photo is very blurry

# COMMON MISTAKES ON PAPER DOCUMENTS

In order to expedite the process, please pay attention to these commonly missed pieces when reviewing applications:

**ELTiS** ENGLISH LANGUAGE TEST FOR INTERNATIONAL STUDENTS  
An Academic English Test for Secondary Students

FORM 1

Name \_\_\_\_\_ Test Date \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
Birth Date \_\_\_\_\_ Class/Grade \_\_\_\_\_  
Native (First) Language \_\_\_\_\_ Country of Origin \_\_\_\_\_

READ THE STUDENT DIRECTIONS ON THE BACK BEFORE COMPLETING THIS ANSWER SHEET. NEVER ERASE ON THIS ANSWER SHEET. TEST IS INVALID IF ANSWER SHEET IS PRE-OPENED.

LISTENING			READING		
SAMPLE A	A	B	SAMPLE A	A	B
1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>
SAMPLE B			SAMPLE B		
5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	10	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>

RAW SCORES			STANDARD SCORES		
Count the number correct in each section. Record the number correct in the "Number Correct" boxes below.					
Listening	Reading	Total	Listening	Reading	Total
Number Correct: 19	Number Correct: 22	Raw Score: 41	Standard Score: _____	Standard Score: _____	Standard Score: 217

Submit the ELTiS test page 2 which includes the score chart. This is where we confirm the standard score



**cïee** HIGH SCHOOL EXCHANGE USA  
STUDENT APPLICATION 2019-2020  
Statement of Applicant's Health  
Submit Final Scanned Copy to CIEE

STUDENT FULL NAME: \_\_\_\_\_

Must be completed by attending physician. (Please answer "yes" or "no" to each of the listed items. Do not leave any section blank.)

Has the applicant ever had any of the following:

Yes	No	Yes	No	Any disease, impairment, abnormality of:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood, Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints, Locomotor System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain, Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digestive System/Abdominal Organs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System, Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonils, Nose, or Throat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins

Physician must answer each of the following questions.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

If you checked "Yes" for any of the above, please provide full details and dates of treatment here: \_\_\_\_\_

Has student ever been hospitalized?  Yes  No. If yes, please provide date and reason below: \_\_\_\_\_

Has the applicant ever had surgery?  Yes  No. If yes, please provide date and reason below: \_\_\_\_\_

Has applicant ever been advised to have surgery which has not been done?  Yes  No. If yes, please provide date and reason: \_\_\_\_\_

Has applicant ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders?  Yes  No. If yes, please complete health Addendum form.

When and for what reason did the student last consult a physician? \_\_\_\_\_

What diseases, ailments, or injuries has the student had in the last year? \_\_\_\_\_

Allergy:  Mild  Moderate  Severe Treatment required  Yes  No  
 Allergy:  Mild  Moderate  Severe Treatment required  Yes  No

Should the student be restricted from any type of physical activity?  Yes  No. If yes, please explain: \_\_\_\_\_

Student's height and weight must be entered in order to be eligible for initial acceptance

1 box must be checked

Each vaccine date must be written individually, even if same date as others.

Most recent vaccine type (DPT / TD / TDaP) must be circled

**cïee** HIGH SCHOOL EXCHANGE USA  
STUDENT APPLICATION 2019-2020  
Statement of Applicant's Health  
Submit Final Scanned Copy to CIEE

STUDENT FULL NAME: \_\_\_\_\_

Must be completed by attending physician.

Please indicate any medication the student is currently taking and the purpose of using these drugs. (Note: a supply of medication should be taken in clearly labeled containers indicating the drug generic name.)

Medication:	Purpose:	Dosage:	Student will take in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here: \_\_\_\_\_

Please indicate any other pertinent medical information that may have been omitted. (Such as abnormal blood pressure, weight problems, etc.) \_\_\_\_\_

**IMMUNIZATION RECORD**

Applicants enrolled in kindergarten through grade 12 are required to have written proof of flu at their public or nonpublic school that they have been immunized against DTP (diphtheria, tetanus, pertussis), polio, measles, mumps, rubella, and Hepatitis B. Failure to do so is cause for exclusion from school. Additional immunization requirements vary by state and student may also need to provide written proof of Hepatitis A and Meningococcal vaccinations.

1. Polio (Trivalent-DTP or Tdap) three or more doses of trivalent oral polio vaccine (TOPV) (An additional dose is required if last dose was received before the age of four years)	2. Diphtheria tetanus pertussis (DTP) or diphtheria tetanus (TD) four or more doses of DTP or TD (Quadrant) or TD (Quadrant) vaccine or a combination thereof, including a booster within the past 10 years. Booster within the past 10 years must include Pertussis (TDaP)	3. Measles (rubella, mumps, chicken pox)	4. Rubella (three-day measles), two doses, or physician verified disease	5. Mumps vaccine, two doses, or physician verified disease	6. TB skin test (as recommended), or chest x-ray must be within 12 months of arrival	7. Hepatitis B, three doses	8. Chicken Pox (Varicella), two doses	9. Hepatitis A, 2 doses (state dependent)	10. Meningococcal (state dependent)

Vaccine: \_\_\_\_\_ Date each dose was given. Do not use brackets ([]) or quotation marks (") to complete the chart—each vaccination date must be written out in the space provided in month/day/year format.

	1st month/day/year	and month/day/year	2nd month/day/year	3rd month/day/year	4th month/day/year	Most Recent month/day/year
Polio (TOPV)						
Hepatitis B						
DTP and/or TD and/or Tdap (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)						

\*Please circle the most recent vaccine type: DPT / TD / TDaP

Vaccine	1st month/day/year	and month/day/year	2nd month/day/year	Most Recent month/day/year	Date of illness month/day/year
Measles (rubella—10 day, red measles)					
Rubella (German measles—3 day, measles)					
Mumps					
Chicken Pox					
Hepatitis A					
Meningococcal					

Tuberculin skin test  +  - Date test administered: \_\_\_\_\_ Date results read: \_\_\_\_\_  
 If skin test is positive, a report of a negative chest X-ray is required.  
 Chest X-Ray  +  - Date of X-ray: \_\_\_\_\_

Your opinion of the state of the candidate's health:  Excellent  Good  Fair  Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been overlooked.

Physician's Signature: \_\_\_\_\_ Physician Full Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing physician cannot be a family relation of the applicant.

# COMMON MISTAKES ON PAPER DOCUMENTS

In order to expedite the process, please pay attention to these commonly missed pieces when reviewing applications:

**cíee** HIGH SCHOOL EXCHANGE USA  
STUDENT APPLICATION 2019-2020  
Permission for Medical/Emergency Treatment (HIPAA)  
Submit Final Scanned Copy to CIEE

STUDENT FULL NAME: \_\_\_\_\_

**PERMISSION FOR MEDICAL/EMERGENCY TREATMENT**

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parent or guardian before any major treatment. This form is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

Non-emergency Treatment:  
In the event of injury or illness or if missing vaccinations and health examinations are needed for our son/daughter/ward,  
(name) \_\_\_\_\_, born, (dd/mm/yyyy), \_\_\_\_\_,  
we hereby authorize CIEE representatives, their offices, and/or agents, to secure whatever is deemed necessary, including the administration of an anesthetic and surgery. We assume all financial responsibility for applicable co-pays, co-insurance, and/or all unpaid medical bills.

Please note, this form must be signed as is; no changes to the form will be accepted.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

By completing this form, you give consent to CIEE, your parents or guardian, your physicians, and/or other medical providers to discuss your medical and/or insurance issues with CIEE. You also consent to CIEE utilizing any such material in and as necessary in treating any medical condition which may arise. You also consent that CIEE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that CIEE may notify the official CIEE designated agency from whom you purchased this program of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

I give CIEE permission to release any or all of the following information in and as appropriate in the event of a medical condition:

Please check each box

All financial and claim information related to medical bills or Claimant's Statement and Authorization.

Provider name, date of service, total charge, total paid and date of payment.

Insurance ID number and/or social security number.

Under no circumstances can CIEE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service for your medical information.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Signing Parent/Guardian's Date of Birth (dd/mm/yyyy): \_\_\_\_\_

All 3 boxes must be checked

Parent's date of birth must be entered

**cíee** HIGH SCHOOL EXCHANGE USA  
STUDENT APPLICATION 2019-2020  
Student Interview Form  
Submit Final Scanned Copy to CIEE

STUDENT FULL NAME: \_\_\_\_\_

Each student MUST be personally interviewed by a representative of CIEE or a representative of a partner agency. This interview should be conducted in English in order for the interviewer to assess the student's English language proficiency. The interviewer will sign the statement at the end of this form to confirm that the student understands his or her responsibilities on the High School Exchange USA Program. Interviewer must complete all sections, the student should not fill out this form independently.

Applicant's Name: \_\_\_\_\_ Sending Agency: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Current Secondary School Level: \_\_\_\_\_

Years of English Study (in secondary schools): \_\_\_\_\_ Years of English Study (in private English classes): \_\_\_\_\_

**EXPECTATIONS AND ADAPTABILITY**

Why do you want to study in the US? \_\_\_\_\_

Have you ever had to change schools or move to a new city? Describe this experience. What was most difficult in making new friends? \_\_\_\_\_

**ACADEMIC PERFORMANCE**

What do you like about your present school? What makes it a special place? \_\_\_\_\_

Describe your study habits. How many hours of homework do you do in an average day? Please explain the reason for any poor grades you've received in the last 3 years (if applicable). \_\_\_\_\_

**PERSONALITY, INTERESTS, & HOME LIFE**

Describe yourself. What 3 words would you choose to describe your personality? \_\_\_\_\_

Describe your closest friend: \_\_\_\_\_

Describe a "normal" week and weekend. What do you do with your friends & family? What chores and responsibilities do you have at home? \_\_\_\_\_

**PLACEMENT CONSIDERATIONS**

Host Family Makeup: Is the student willing to accept the following placement types?

Double Placement: (a placement in a family that is hosting another exchange student from a different country).  
 Yes  No

Single Person Placement: (a placement in a one-person family. Please note - a single parent with children is not a single person placement).  
 Yes  No

Confirm that students and natural parents fully understand what Double or Single Person Placements entail

**cíee** HIGH SCHOOL EXCHANGE USA  
STUDENT APPLICATION 2019-2020  
Student Interview Form  
Submit Final Scanned Copy to CIEE

STUDENT FULL NAME: \_\_\_\_\_

Interviewer should evaluate the student on each of the scales below in regards to English level, personality, and motivation for the CIEE program. Please choose only one option on each scale, and 4-6 personality traits out of the listed personality characteristics.

**ENGLISH LANGUAGE PROFICIENCY**

Oral Comprehension  Poor  Fair  Average  Good  Excellent

Verbal Expression  Poor  Fair  Average  Good  Excellent

Interviewer Comments: \_\_\_\_\_

**PERSONALITY**

Independence  Low  Average  High Flexibility  Low  Average  High

Maturity  Low  Average  High Sociability  Low  Average  High

Talentedness  Low  Average  High

Please check the boxes of the characteristics which best describe the student:

Sociable  Polite  Responsible  Spontaneous  Quiet  Reserved

Traditional  Talkative  Active  Mature  Optimistic  Shy

Patient  Serious  Informal  Calm  Dependent  Insecure

Adaptable  Emotional  Formal  Open  Independent  Sensitive

Friendly  Neat  Ambitious  Humorous  Warm  Personable

Interviewer Comments: \_\_\_\_\_

**PERSONAL MOTIVATION**

Genuine interest in cultural exchange  Low  Average  High

Parents/friends influence  Low  Average  High

Wish to improve English/academic ability  Low  Average  High

Interviewer Comments: \_\_\_\_\_

**INTERVIEWER'S OPINION**

In your opinion, what are the student's strengths that make him/her a strong candidate for a high school exchange program? (required)

\_\_\_\_\_

What should host families know about the student that may not be captured in the application?

\_\_\_\_\_

I verify that the interview of the above student was conducted primarily in English and that this student is capable of communicating in English and functioning in an American host family and high school. I believe this student understands the High School Exchange USA program rules and that higher expectations are compatible with the program's expectations. He or she understands that the host high school will determine the appropriate grade levels for the student, and that a high school diploma is never guaranteed to exchange students even when a student is placed in the 12th grade.

Interviewer's Full Name (Please print): \_\_\_\_\_ Agency Position/Title: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviews may only be conducted by an agency employee or a contracted interviewer.

# STATEMENT OF HEALTH/HEALTH ADDENDUM

Student's full name must be entered on every page.

Any illness or pre-existing health condition must be detailed and signed by the student's physician.

**ciee High School USA Student Application 2020-2021 Statement of Applicant's Health**  
Submit final scanned copy to CIEE

**STUDENT FULL NAME (PLEASE PRINT):**  
Must be completed by attending physician. Please answer "Yes" or "No". Please do not leave any section blank.

Has the applicant ever had any of the following:

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician must answer each of the following questions:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

Has student ever been hospitalized?  Yes  No If yes, please provide date and reason: \_\_\_\_\_

Has the applicant ever had surgery?  Yes  No If yes, please provide date and reason: \_\_\_\_\_

Has applicant ever been advised to have surgery which has not been done?  Yes  No If yes, please provide date and reason: \_\_\_\_\_

Has applicant ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders?  Yes  No If yes, please provide health addendum: \_\_\_\_\_

When and for what reason did the student last consult a physician? \_\_\_\_\_

What diseases, ailments, or injuries has the student had in the last year? \_\_\_\_\_

Allergy:  Mild  Moderate  Severe Treatment required: \_\_\_\_\_

Allergy:  Mild  Moderate  Severe Treatment required: \_\_\_\_\_

Allergy:  Mild  Moderate  Severe Treatment required: \_\_\_\_\_

Should the student be restricted from any type of physical activity?  Yes  No If yes, please explain: \_\_\_\_\_

Physician must enter student's height and weight.

**ciee High School USA Student Application 2020-2021 Statement of Applicant's Health**  
Submit final scanned copy to CIEE

**STUDENT FULL NAME (PLEASE PRINT):**  
This form must be completed by attending physician. Signing physician cannot be a family relation of the applicant.

Please indicate any medication the student is currently taking and the purpose of using these drugs. (Note: a supply of medication should be taken in clearly labeled containers indicating the drug's generic name.)

Medication:	Purpose:	Dosage:	Student will take in U.S.?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here: \_\_\_\_\_

Please indicate any other pertinent medical information that may have been omitted. (Such as abnormal blood pressure, weight problems, etc.) \_\_\_\_\_

**IMMUNIZATION RECORD**

Pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against: DTP (diphtheria, tetanus, pertussis), polio, measles, mumps, rubella, and hepatitis B. Failure to do so is cause for exclusion from school. Additional immunizations requirements vary by state and student; may also need to provide written proof of Hepatitis A and Meningococcal vaccinations.

- Polio (trivalent Oral-TCIPV), three or more doses of trivalent oral polio vaccine (TOPV) (an additional dose is required if last dose was received before the age of four years)
- Diphtheria-tetanus-pertussis (DTP) or diphtheria-tetanus (TD), four or more doses of DTP, DT (pediatric) or TD (adult) vaccine or a combination thereof, including a booster within the past 10 years. Booster within the past 10 years must include pertussis (TDaP)
- Measles (rubella, ten-day measles), two doses, or physician-verified disease
- Rubella (three-day measles), two doses, or physician-verified disease
- Mumps vaccine, two doses, or physician-verified disease
- TB test, or chest x-ray, must be within 12 months of student's arrival
- Hepatitis B, three doses
- Chicken Pox (Varicella), two doses
- Hepatitis A, 2 doses (state dependent)
- Meningococcal (state dependent)

Vaccine	Date each dose was given. Do not use brackets ([]) or quotation marks (") to complete the chart—each vaccination date must be written out in the space provided in month/day/year format.				
	1st	2nd	3rd	4th	Most Recent*
Polio (TOPV)					
Hepatitis B					
DTP and/or TD and/or TDaP					

\*Circle most recent vaccine type: DPT / TD / TDaP

Vaccine	Date of illness	
	1st	Most Recent*
Measles (rubella—10 day, red measles)		
Rubella (German measles—3 day, measles)		
Mumps		
Chicken Pox		
Hepatitis A		
Meningococcal		

Tuberculin skin test (if positive, report or negative X-ray & copy required)  -  - Date test administered: \_\_\_\_\_ Date results read: \_\_\_\_\_

Chest X-Ray  -  - Date of X-Ray: \_\_\_\_\_

Your opinion of the state of the candidate's health:  Excellent  Good  Fair  Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's signature: \_\_\_\_\_ Physician Full Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Full details and treatment must be explained if YES is answered for any of the above.

**ciee High School USA Student Application 2020-2021 Health Addendum**  
Submit final scanned copy to CIEE

**STUDENT FULL NAME (PLEASE PRINT):**

Please fill out this form ONLY if the student has a recent and/or ongoing health condition. Examples: serious allergies; recent surgery, diseases, recent illness, mental conditions, etc. Please detail only one condition per copy of this form.

List name of illness or health condition: \_\_\_\_\_

When was the student diagnosed with the above condition? \_\_\_\_\_

What are the specific symptoms of the student's above condition? \_\_\_\_\_

How will the condition affect the student's daily life outside of their home country? Does the student monitor his/her condition independently? \_\_\_\_\_

What treatments/medicines are currently prescribed to the student for this condition? \_\_\_\_\_

During the exchange program, will the student require ongoing medical treatment for this condition? \_\_\_\_\_

Will the student need to take medication for this condition while in the U.S.? If yes, will they bring medication with them or need to acquire a prescription in the U.S.? \_\_\_\_\_

What special accommodations would be requested of the host family to ensure student's health and safety? \_\_\_\_\_

Please share any additional information you find helpful or pertinent regarding this student's condition. \_\_\_\_\_

Physician's Signature\*: \_\_\_\_\_ Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Signing physician cannot be a family relation of the applicant.

By signing this form, I/we understand that my/our son/daughter/ward may be dismissed from the CIEE High School USA program, should the health condition detailed above pose a health risk to my/our son/daughter/ward. I/we understand and agree the decision for my/our son/daughter/ward to be dismissed will be determined by CIEE staff and representatives, and I/we will not dispute the decision to dismiss my/our son/daughter/ward.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Please see next slide for vaccination guide.

# STUDENT VACCINATION GUIDE

VACCINE	1 DOSE	2 DOSE	3 DOSE	4 DOSE	NOTES
Polio (TOPV), trivalent oral polio vaccine (TOPV)	√	√	√	√	3 doses required. An additional dose is required if last dose was received before the age of 4 years.
	REQUIRED	REQUIRED	REQUIRED	MAY BE REQUIRED	
Hepatitis-B	√	√	√		
	REQUIRED	REQUIRED	REQUIRED		
DPT and/or TD and/or TDaP, (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)	√	√	√	√	4 doses of DPT, DT or TD, including a booster within the past 10 years that includes Pertussis (TDaP)
	REQUIRED	REQUIRED	REQUIRED	REQUIRED	
Measles (rubeola—10 day, red measles)	√	√			2 doses required or date of illness.
	REQUIRED	REQUIRED			
Rubella (German measles—3 day, measles)	√	√			2 doses required or date of illness.
	REQUIRED	REQUIRED			
Mumps	√	√			2 doses required or date of illness.
	REQUIRED	REQUIRED			
Chicken Pox	√	√			2 doses required or date of illness.
	REQUIRED	REQUIRED			
Hepatitis A	√	√			State dependent.
	RECOMMENDED	RECOMMENDED			
Meningococcal	√				State dependent.
	RECOMMENDED				
Tuberculin skin test	Date test administered	Date test results read			Test must be within 12 months of student's arrival.
	REQUIRED	REQUIRED			



# STUDENTS WITH MENTAL HEALTH CONDITIONS

**ciee** High School USA Student Application 2020-2021  
**Health Addendum**  
Submit final scanned copy to CIEE

**STUDENT FULL NAME (PLEASE PRINT):**

Please fill out this form ONLY if the student has a recent and/or ongoing health condition. Examples: serious allergies, recent surgery, diseases, recent illness, mental conditions, etc. Please detail only one condition per copy of this form.

List name of illness or health condition:  
 When was the student diagnosed with the above condition?  
 What are the specific symptoms of the student's above condition?  
 How will the condition affect the student's daily life outside of their home country? Does the student monitor his/her condition independently?  
 What treatments/medicines are currently prescribed to the student for this condition?  
 During the exchange program, will the student require ongoing medical treatment for this condition?  
 Will the student need to take medication for this condition while in the U.S.? If yes, will they bring medication with them or need to acquire a prescription in the U.S.?  
 What special accommodations would be requested of the host family to ensure student's health and safety?  
 Please share any additional information you find helpful or pertinent regarding this student's condition.

Physician's Signature\*: \_\_\_\_\_ Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*Signing physician cannot be a family relation of the applicant.

By signing this form, I/we understand that my/our son/daughter/ward may be dismissed from the CIEE High School USA program, should the health condition detailed above pose a health risk to my/our son/daughter/ward. I/we understand and agree the decision for my/our son/daughter/ward to be dismissed will be determined by CIEE staff and representatives, and I/we will not dispute the decision to dismiss my/our son/daughter/ward.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Name (print): \_\_\_\_\_

1-800-448-9944    highschool@ciee.org    ciee.org/highschoolusa    Last updated 2019-06-01    16

- CIEE does traditionally consider applicants with mental health conditions, however there are some additional steps and assessment that we require in consideration for acceptance.
- For student's with past or ongoing mental health history, we ask that they work with their doctor to complete a Health Addendum and CIEE's Statement of Health Forms with as much detail as possible. We would also request confirmation on the following questions:
  - What is the diagnosed condition?
  - When was the condition first diagnosed?
  - What were the symptoms that led to the diagnosis?
  - What was the treatment?
  - Was the student ever hospitalized? If so, for how long, and was there follow up treatment?
  - Is the applicant receiving any treatment at this time? If yes, please describe. If not, when was the last date of treatment?
- CIEE has a contracted psychiatrist that will then review the student's case and any additional medical documentation. This psychiatric assessment is then deliberated with our Director to reach a consensus on if the student may be accepted to the program. We simply want to make sure that the student is mentally capable and ready to have a successful experience abroad.

# APPLICATION REVIEW

Once applications have been submitted, please allow for 8-10 business days for the International Operations Team to thoroughly review each application.

The application will then be assigned a new status:

- ✓ **Not Accepted:** student does not meet minimum program requirements.
- ✓ **Sent Back To International Representative:** the application is missing a key piece or pieces in order to complete full review
- ✓ **Conditionally Accepted:** student is accepted to the program but is missing a small piece of the application or some clarification is needed.
- ✓ **Accepted:** application is complete! Nothing more needed at this time.

If application is *Sent Back To International Representative*, please aim to get the missing pieces to the International Operations Team as soon as possible.

\*

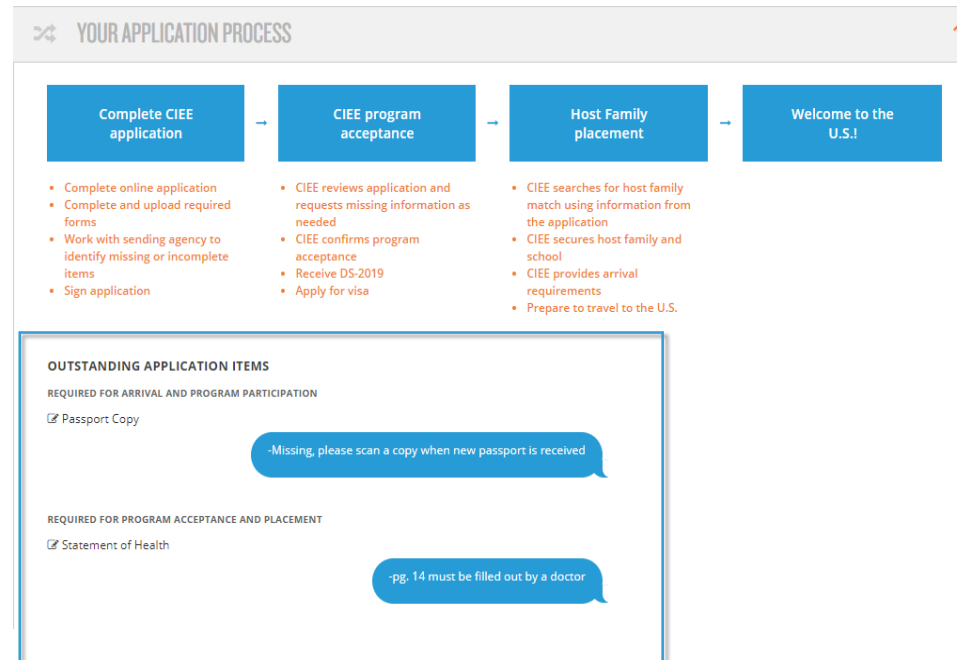
The Placement Team can only start the host family search process once the students' applications are Conditionally Accepted or Accepted.

# APPLICATIONS NEEDING CORRECTIONS

If Applications are 'Sent Back To International Representative' there may be missing documents or corrections needed in order to resubmit for final review.

Outstanding Application Items are categorized into two sections:

- Program Acceptance And Placement are the **highest priority** documents needed before student to be accepted to the program and placed with a host family and school
- Program Arrival and Participation are documents needed before the student arrives to the U.S. These are not going to block program acceptance or placement, but are still necessary for participation before arrival



Notes from the Operation Team elaborating on what needs to be edited or uploaded can be found under the 'Your Application Process' tab of the Beacon application.

These are categorized by items required for Acceptance, and items required before arrival.

# DS FORMS & INVOICING



- ✓ CIEE does not send DS Forms until program fees have been paid in full.
- ✓ It is forbidden to send digital copies of the forms, but we can provide students' their DS2019 number upon request so that student can book a visa appointment.
- ✓ Your Account Specialist will send invoices via email as they are generated.
- ✓ Once the student's fee has been paid, CIEE is able to ship the DS2019 form.
- ✓ Students are invoiced according to their elective options in Beacon. Therefore, these elective options should be accurate upon submission.

CIEE will pay for the first DS shipment to international representative, IR will pay for any subsequent DS shipments.

# PROGRAM FEE INVOICING STARTS IN BEACON

## ELECTIVES

Single Room Placement - Do you prefer a placement in which you have your own room? (additional fee applies) \*

Single Room

Early Placement - Do you prefer a placement earlier than July 31st (11:59pm EDT)? (additional fee applies) \*

Standard Placement

- ✓ Program Fee Invoices are automatically generated according to the Elective Options in Beacon
  - ✓ If a student selects an option in Beacon, it will appear on their invoice
  - ✓ Please be sure to confirm that the elective options section in Beacon is correct
- ✓ If a student has selected an option by mistake, or has changed their mind, please reach out to your Operations contact as soon as possible.

## Tips from our Finance Team:

Please write your agent code or a student USAHS ID in the comments on the remittance.

This will help our Finance Team quickly identify the payment and apply it to your account.

It is not required to send a receipt of the wire transfer with the Invoice Payment template, but it is helpful.

Please note that it can take anywhere from several days to a week for payment to reach our account.

# PROGRAM FEE PAYMENT

- ✓ When submitting payment, please remit to the account at the bottom of the Program Fee Invoice.
- ✓ Prior to, or the same day as each transfer, please send your Operations contact a completed **Invoice Payment Template**.
  - ✓ Please copy [HS-Invoicing@cīee.org](mailto:HS-Invoicing@cīee.org) on this email
  - ✓ A blank IPT form will be attached to the Program Fee Invoice email from your Operations contact.
- ✓ If you are sending payment in multiple wire transfers, please submit a new IPT for each wire transfer.
  - ✓ Please ask your Account Specialist if you have any questions.



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# PLACEMENTS

CIEE's process of placing students with host families.

Early submission does not guarantee early placement, but the earlier the applications are Accepted or Conditionally Accepted, the earlier they are released to the placement team.

# PLACEMENT PROCESS

**International Representative** sends application to **CIEE Ops Team** for review.



**CIEE Ops Team** accepts/conditionally accepts application OR sends back to **International Representative** for review.



Once the application is Accepted/Conditionally Accepted, it is sent to the **CIEE Placement Team** for review.



**CIEE Placement Team** begins the search for the best possible match for that student and any special accommodations they have.



There's no typical American family or community. Our placement team matches host family and student based off student's interests and host family's dynamic.

# PROCESS: HOST FAMILIES

**CIEE Placement Team** recruits host families from around the USA.



**CIEE Placement Team** conducts in-person interviews with families and visits the home.



**CIEE Compliance Team** vets host family application. This includes background checks, photos of the home, information about family members, references.



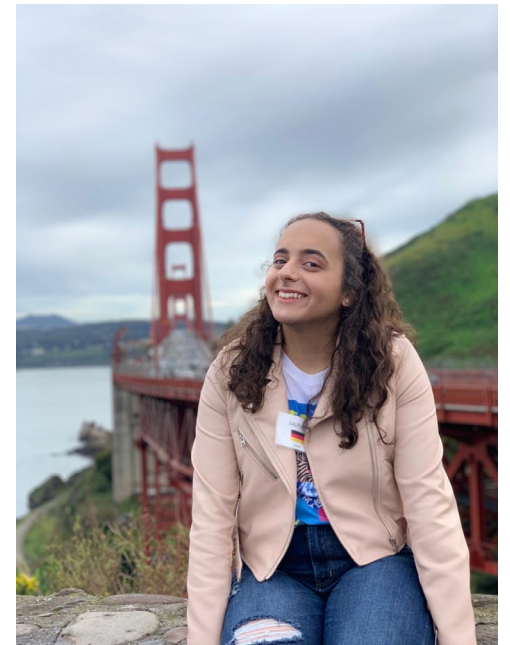
**CIEE Placement Team** connects with school to ensure school enrollment spot for student.



**CIEE Ops Team** confirms placement with International Representative.

# PLACEMENT PROCESS, ctd.

- Placement team does their best to identify great matches between host families and students with all possible speed.
- And...
- Here are some expectations to set with your student applicants and their natural families:
  - August 31 is the US Department of State deadline for placement, therefore placements can happen up until that deadline!
  - There is no typical American family: composition, race, religion & socio-economic status can vary.
  - Therefore we encourage your students to be honest with their interests as well as to be flexible and open to new experiences.

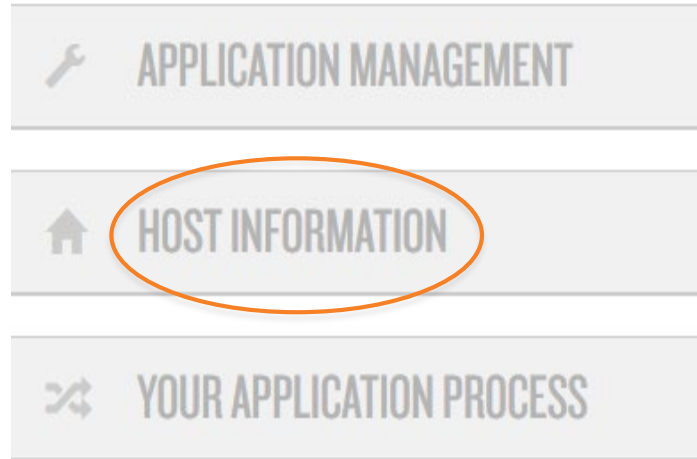


# PLACEMENT

**International Representative can expect to receive an official notification from Operations that student has been placed.**

**Host Family application is linked to the student's application in Beacon and visible to the student**

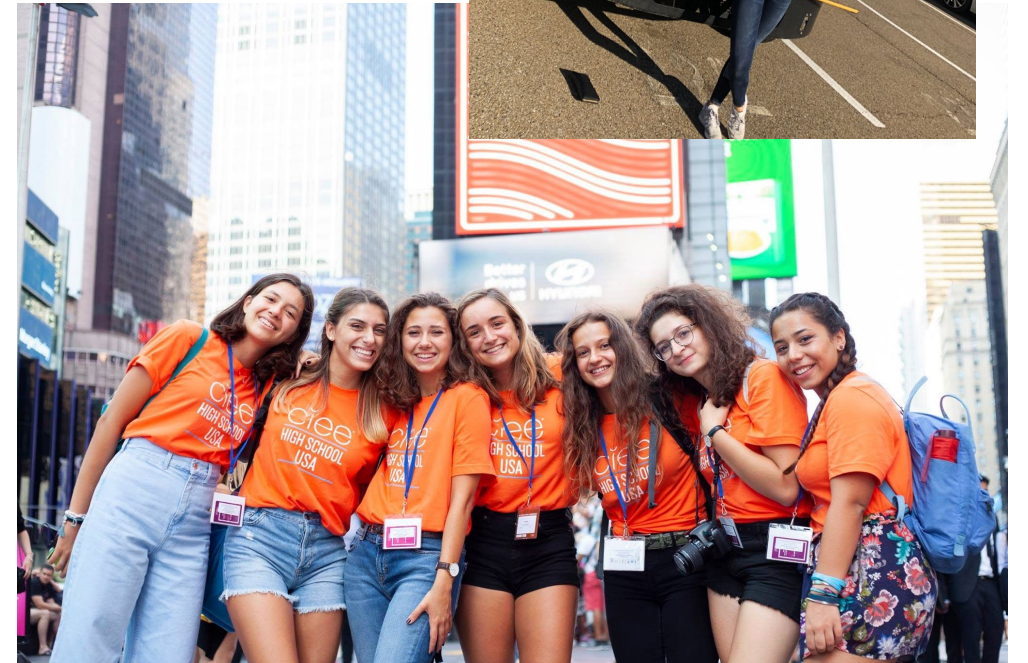
- ✓ Student will have access to HF application and Placement Details Report.
- ✓ PDR – Condensed placement information sheet that shows their HF, LC & School Name & Address as well as Regional Director.
- ✓ If Orientations are “live” the student will also be assigned an Orientation event and an airport code.



NOTE: CIEE Ops will send a flight instructions email to all International Representatives. Please do not book flights until the flights email has been sent.

# PLACEMENT, ctd

- ☺ Encourage your students to reach out to their Host Families once they have been placed.
- ☺ Expectation: Families can be busy or traveling, it can take some time to hear back from the Host Family. Encourage students not to be disappointed if they don't hear back right away.
- ☺ If the student has repeated difficulty hearing from their host family, please reach out to Ops for follow up with the Placement Team.



# SPECIAL PLACEMENTS

- It is important for the International Representative to set appropriate expectations about special placements and to confirm with student their option to opt in or out.
- Single Person Placement (SPP): a single host parent with no children. A single mother or father with kids is NOT considered an SPP.
- Double Placement (DP): when two exchange students are placed in the same Host Family.
- In the interview form, each student indicates their willingness to be placed in a SPP or DP.
- CIEE can still propose an SPP or a DP to any student.
  - A placement can be both a SPP & a DP.



A placement can be both a SPP & a DP



# DECLINES & REPLACEMENTS

- ✓ Declines & replacements can happen and can occur for a variety of reasons.
  - ✓ Book flexible flights when possible.
- ✓ Do not be discouraged, a decline is not a reflection on a student and does not mean that student will not be placed.



CIEE requires that a variety of handouts be given to students at PDOs. These handouts include:

- Sexual Harassment Information
- CIEE Five Steps to Insurance
- Insurance Summary of Coverage
- CIEE Program Rules
- Program Criteria
- Department of State Welcome Letter
- Department of State Telephone Number Information
- William Wilberforce Act
- Help Me I'm Lost Form
- USA Culturegram



# PRE-DEPARTURE ORIENTATION

Pre-Departure Orientations can happen whether or not a student is placed. All students must attend a PDO before traveling.

PDO Materials are emailed to IR as well as available in the Agent Resource Center.

All IRs must fill out the Pre-Departure Information form and Acknowledgement of Program Fees form. All students in attendance must sign a Pre-Departure Attendance Log. These three documents must be sent to your Account Specialist immediately upon completion of the PDO.



Pre-Departure Orientation Materials include information on the following:

**Managing Expectations**

**Program Rules**

**High School Policies: Grade Level & Graduation**

**Policy on Continuing Academic Study in the U.S.**

**Who is CIEE?**

**Student Support**

**Budgeting your Money**

**Technology & Communication**

# FLIGHTS

- ✓ Please purchase flights according to CIEE guidelines
  - ✓ Look out for the Flight Email from Operations.
- ✓ Flights should only be booked for students with confirmed placements, to the assigned airport code
  - ✓ If there are questions regarding this, please contact Operations.
  - ✓ Students should not make their own arrival arrangements with their host families.
- ✓ Once the flight is purchased, please enter the details in the Travel Details Section of Beacon
  - ✓ Double check that the confirmation code is the Airline confirmation code, not the travel agency booking code.
- ✓ If the International and Domestic flights are separate itineraries, please upload them as one PDF file.
  - ✓ Please be sure to upload PDF files only, jpg files are not acceptable.

## Please Note:

- Students travelling to Orientation should bring a hard copy of their domestic itinerary
- Operations checks these hard copies against our records, so a digital copy is not acceptable.





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# ARRIVAL

What to expect from CIEE before and upon student arrival.

# NEW YORK ORIENTATION

- ☺ CIEE holds 5 weeks of New York Orientations.
- ☺ Orientations are assigned based on school start-date whenever possible, but students may travel after school starts in some cases.
- ☺ Orientations are fun AND required by the US Department of State! They include information on subsequent travel and experience in the USA, as well as a trip into NYC with CIEE staff.
- ☺ Students MUST travel on their assigned days and cannot miss orientation dates because it is required by DOS.
- ☺ Students must be 15 by the first day of orientation, otherwise they cannot attend.



# IN-COMMUNITY ORIENTATION

- If student is not able to attend NYO, they are required by the Department of State to attend an In-Community Orientation (ICO)
- ICOs are led by CIEE's Local Coordinator team.
- ICOs cover the same important program information as NYO.
- Students will receive all necessary materials in their "ICO Packets" sent to their host family address prior to arrival.
- All students are required to fill out a Final Information Form and the LC will submit to CIEE to confirm successful completion of the ICO.

Each Student's ICO Packet Contains the following:

- CIEE Student ID card
- Confirmation of Insurance form and card
- Temporary Student ID/Placement Details Report (These are the same document)
- J1 ICO Packet
- CIEE Student Handbook
- Important Program Requirement Card
- CIEE T-Shirt



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# SUPPORT & IN-COUNTRY

What to expect from the CIEE team once students are in country.

# IN-COUNTRY SUPPORT

- Once in country, **CIEE's Support Team** takes over as main point of contact for in-country support to students and agents.
  - Support Teams will have the most up-to-date information on your students, they are the team responsible for in-country communication.
- CIEE's NUMBER:
  - USA 1-800-448-9944
  - INTL 001-207-553-4000
- CIEE has 3 Support Teams
- Each IR is assigned a specific Support Team
- After students arrive to their host families, they must call CIEE Support to check in by the beginning of September.

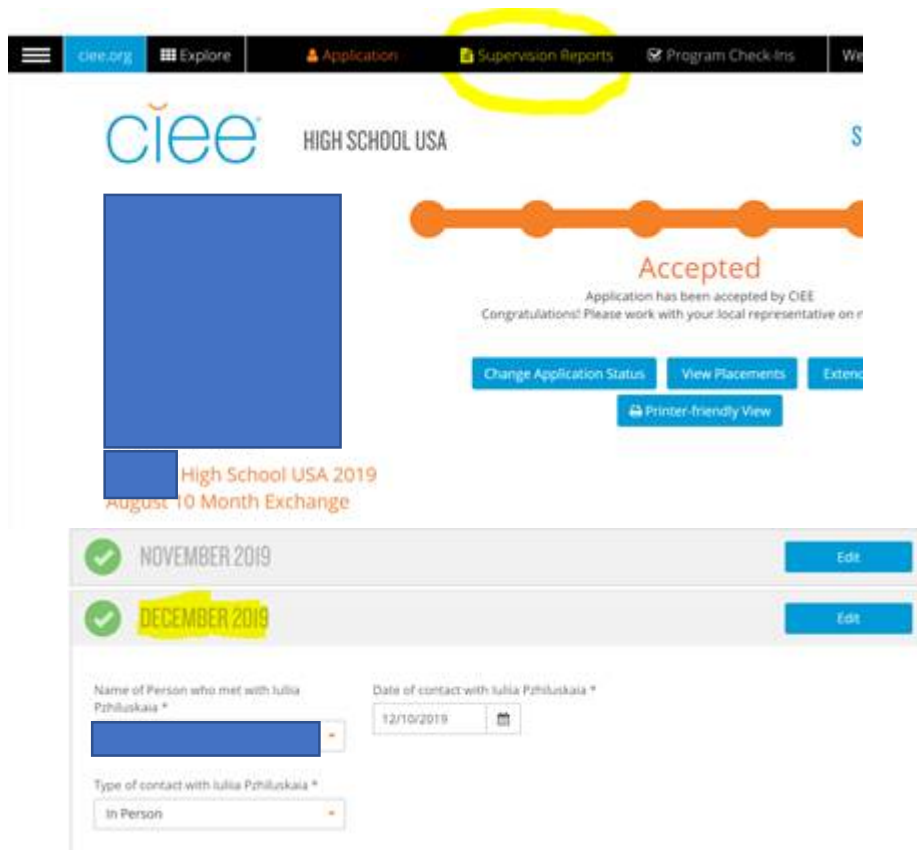
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# MOVES

- ✓ Moves can happen for a variety of reasons.
- ✓ Many students will move.
  - ✓ Industry standard is around 30% of JI HS Students moving over the course of their program.
  - ✓ CIEE has averaged at just below 30% for the past five years.
- ✓ CIEE's Operations, Compliance, Placement & Support teams work together on managing moves to ensure that the move goes smoothly for student and host family.
  - ✓ Questions related to the Move should be sent to your Support Team.
  - ✓ Ops will send the official notification.

# SUPERVISION REPORTS



International Representatives can now access supervision reports in the student's Beacon Application.



Click "Supervision Reports" in top menu



Click Month/Year to review



View Report Data

# COMMUNITY SERVICE

- Community Service is a requirement for all CIEE J1 participants.
  - 16 hours are required for 10-month students
  - 8 hours are required for 5-month students
- Students can complete their community service requirement by pursuing a volunteer project of their choice.
- Students are asked to direct any community service inquiries to [communityproject@ciee.org](mailto:communityproject@ciee.org)
- Students can earn the CIEE Community Service Certificate by completing 100 hours of community service.





# COMMUNITY SERVICE: MOBILE SERVE

CIEE High School Exchange / CIEE J1 Student Year / Service Log

**SERVICE LOG**

**DATE** August 21st 2019

**NAME** Andreas

**EMAIL**


**SERVICE HOURS** 1.00

**SERVICE ORGANIZATION** Humane Society Animal Shelter

**DESCRIPTION** We went to to walk and play with the dogs. It gives them the opportunity to be outside of their kennels and be active.

**SUPERVISOR NAME** Ally

**SUPERVISOR EMAIL**

**SUPERVISOR SIGNATURE**  


- Students are required to report their own completed hours using the online platform Mobile Serve
- Mobile Serve can be accessed using a web browser or a mobile app
- Using Mobile Serve allows students to:
  - Keep track of their completed community service hours in live time
  - Request approval of projects from their supervisors
  - Share photos of their projects

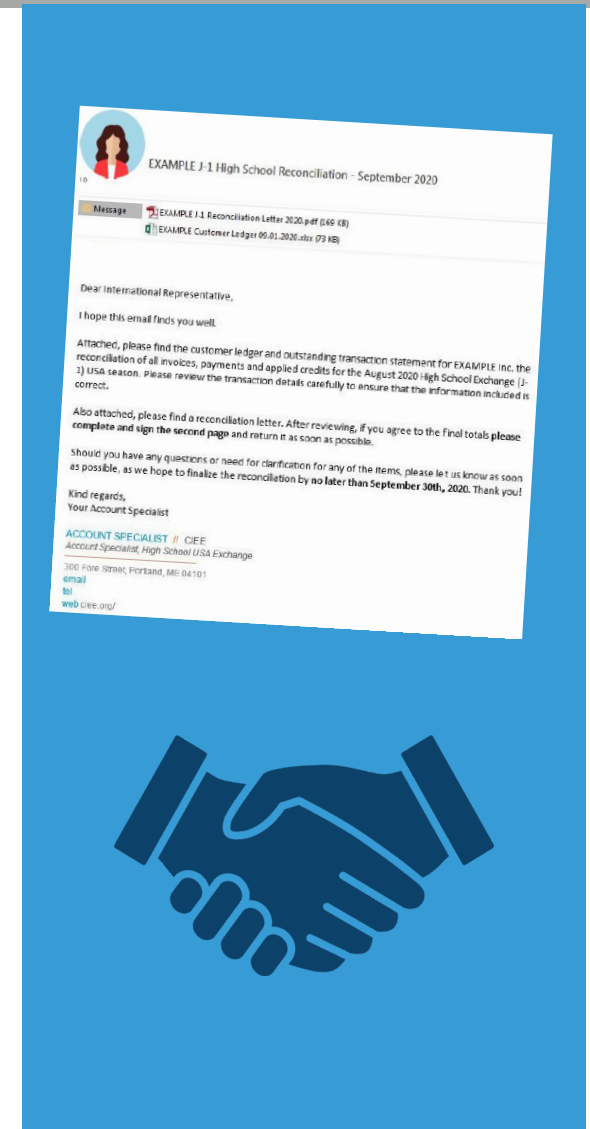
# COMMUNITY SERVICE PHOTOS



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# RECONCILIATION

- ✓ The reconciliation process occurs at CIEE's fiscal year end: August 31<sup>st</sup>, 2020.
- ✓ International Representatives can expect to receive an email from the Operations Team that includes a customer ledger, an outstanding transaction statement, and a reconciliation letter.
  - ✓ If IR agrees to the final totals, they will sign the reconciliation document.
  - ✓ If IR disagrees to the final totals, they will inform their Account Specialist of the discrepancy. It is important for IR to note the discrepancy. After the reconciliation letter is signed, CIEE cannot make changes to the account for the previous fiscal year.
- ✓ At the end of the fiscal year, the IR account will be in one of these three states:
  - ✓ Balance Owed by IR (i.e. they have a positive amount overall, they owe CIEE that amount of money)
  - ✓ Credit Due from CIEE (i.e. they have a negative amount overall, CIEE owes that amount of money to the IR)
  - ✓ Zero Balance (i.e. \$0 even; they should have no open transactions)
- ✓ If credit is due from CIEE at the end of the fiscal year CIEE recommends leaving the credit balance on their account to be used next season.
- ✓ Signing the reconciliation letter is required. CIEE will not bill for the following fiscal year until the reconciliation process is complete.



# QUESTIONS? WE'RE HERE TO HELP!

Here is our contact info:

- Students before IN-COUNTRY: Contact your Account Specialist or [hsops@ciee.org](mailto:hsops@ciee.org)
- Students IN-COUNTRY: Contact applicable Support Team
- Many materials and additional trainings available at [www.cieehsarc.com](http://www.cieehsarc.com)

CIEE Portland – headquarters  
300 Fore Street  
Portland, ME 04101  
1-800-40-STUDY

CIEE Boston  
60 State Street, 18TH floor  
Boston, MA 02109  
1-800-40-STUDY

[www.ciee.org](http://www.ciee.org)

**THANK YOU!  
WE LOOK FORWARD TO  
WORKING TOGETHER.**